

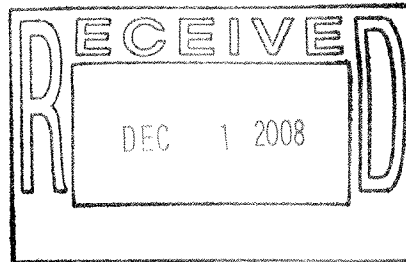
Robert A. Strong
Manager Environmental Operations



Canadian National/Illinois Central
Corporate Environmental Affairs
2151 North Mill Street
P. O. Box 2600
Jackson, Mississippi 39207
Telephone: (601) 592-1838
Fax: (601) 592-1863

Certified Mail
7008 1140 0004 3174 7807

November 25, 2008



Division of Water – KPDES Branch
Inventory & Data Management Section
4th Floor
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: KPDES Permit Renewal
Permit # KY0000051
Illinois Central Railroad
100 Cook Ave.
Fulton, KY 42041

To Whom It May Concern:

Enclosed, please the original and one copy of the completed KPDES renewal application for the referenced permit. Also included is check # 310259152 in the amount of \$1,200 made payable to “Kentucky State Treasurer” to cover the base fee and the application filing fee required to renew the permit.

Should you have any questions regarding this information please contact the undersigned at 601/592-1838.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. A. Strong'. The signature is written in a cursive, flowing style.

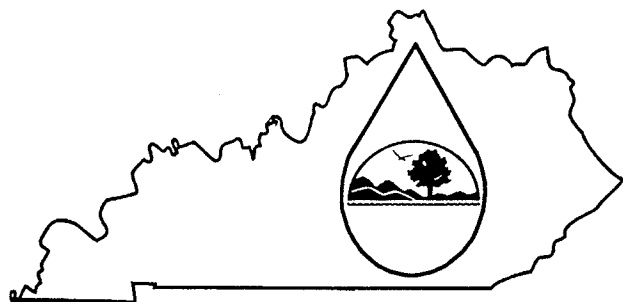
R. A. Strong
Manager-Environmental Operations

KPDES FORM 1

AZ# 1437

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 1200

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	0	0	0	5	1
A. Name of business, municipality, company, etc. requesting permit Illinois Central Railroad									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: Illinois Central Railroad					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dennis Kirk				
Facility Location Address (i.e. street, road, etc., not PO Box): 100 Cook Ave.					Mailing Address: 100 Cook Ave.				
Facility Location City, State, Zip Code: Fulton, KY 42041					Mailing City, State, Zip Code: Fulton, KY 42041				
					Facility Contact Telephone Number: 270/472-4670				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Locomotive and railcar maintenance where locomotives are fueled (diesel fuel) and serviced and light repairs are performed on rail cars.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	4011		
Other SIC Codes:	41013		

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Fulton	City where facility is located (if applicable): Fulton
C. Body of water receiving discharge: Harris Fork Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 30' 45"	Facility Site Longitude (degrees, minutes, seconds): 88° 53' 45"
E. Method used to obtain latitude & longitude (see instructions): Topo Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 05-944-7961	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: <i>Dennis Kirk</i>	Telephone Number: <i>270/472-4670</i>
Operator Mailing Address (Street): <i>100 Cook Ave.</i>	
Operator Mailing Address (City, State, Zip Code): <i>Fulton, KY 42041</i>	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(Attached)</i>
Certification Class: <i>1</i>	Certification Number: <i>1901</i>

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: <i>KY 0000051</i>	Issue Date of Current Permit: <i>11/1/05</i>	Expiration Date of Current Permit: <i>5/31/09</i>
Number of Times Permit Reissued: <i>6</i>	Date of Original Permit Issuance: <i>unknown</i>	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit	<i>KYD 000 773549</i>	

VI. DISCHARGE MONITORING REPORTS (DMRs)
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	<i>Robert A. Strong</i>
DMR Official Telephone Number:	<i>601/592-1838</i>

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	<i>Illinois Central Railroad</i>
DMR Mailing Address:	<i>P. O. Box 2600</i>
DMR Mailing City, State, Zip Code:	<i>Jackson, MS 39207</i>

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>Non Process Industry</i>	Filing Fee Enclosed: <i>\$200.⁰⁰</i>
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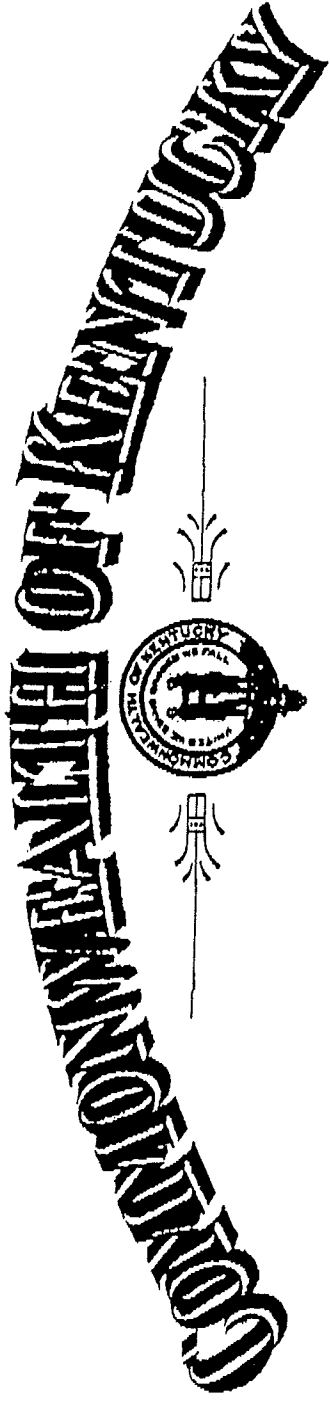
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Robert A. Strong</i>	TELEPHONE NUMBER (area code and number): <i>601/592-1838</i>
SIGNATURE <i>Robert A. Strong</i>	DATE: <i>11/23/08</i>

Manager - Environmental Operations

Wastewater Operator Certification



Department for Natural Resources and Environmental Protection

This is to certify that Dennis J. Link has
fulfilled the requirements of the law and regulations governing the
Certification of Wastewater Operators, and is hereby granted this
Certificate.

Wastewater Treatment Plant Operator Class I

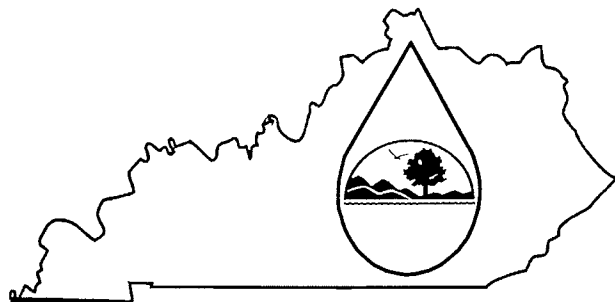
Certification No. 1901

Given under our hands this Fourth day of April 19 77
at Frankfort, Kentucky.

William J. Forster
DIRECTOR, DIVISION OF WATER QUALITY

Robert L. Bell
SECRETARY, DEPARTMENT FOR NATURAL RESOURCES
AND ENVIRONMENTAL PROTECTION
Gene O. Lister
COMMISSIONER, BUREAU OF ENVIRONMENTAL QUALITY

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	36	30	59	88	52	34	Harris Fork Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	Source of Discharge	3. Brief Description of Project	4. Final Compliance Date	
				a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	± 0.92 Ac	± 3.33 Ac			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

See Attachment

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
001	See Attachment	3-G 3-B

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Robert A. Strong mgr. - Env. Ops.		11/23/08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

10/19/06 - Defective Tank Car Released ~ 237 gals Hydrochloric Acid in classification yard (Track #5). Responders neutralized ballast impacted by spill.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

- B. Significant materials stored at the facility which could come into contact with storm water are diesel fuel and lubricating oil. Tanks containing these materials have secondary containment, which is tributary to the wastewater treatment facility. Unloading facilities for these materials are tributary to the facility wastewater treatment facility. Locomotive fueling/servicing is conducted on concrete containment pads designed to contain spillage and are tributary to an oil/water separator. Separated storm/wastewater along with potentially impacted storm water collected at the facility is conveyed to the two-cell lagoon treatment facility for further treatment prior to discharge.

Roundup herbicide is utilized at the facility occasionally for control of vegetation in localized areas.

- C. 001 - Storm water potentially impacted by facility operations is collected through a series of inlets and concrete pads (i.e. Locomotive servicing facility) located throughout the facility. These inlets transfer the storm water via piping to a two-cell treatment lagoon facility designed to remove free-phase petroleum products and provide stabilization/biological oxidation of the storm/wastewater prior to discharge. Employee training, routine inspections, preventive maintenance and good housekeeping are utilized to minimize impact to storm water.

Recovered petroleum products are periodically removed from the site by a reputable oil recycler.

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
- Pace Analytical Ser. 1000 Riverbend Blvd. Suite F St. Rose, LA 70087	—	504/469-0333	Benzene, PAHs, TSS, Oil & Grease, Phenolics
- Analysis Laboratories Inc. 2932 Lime St. Metairie, LA 70001	—	504/889-0710	Surfactants

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

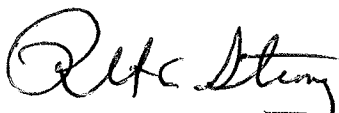
NAME & OFFICIAL TITLE (type or print)

Robert A. Strong

Mr. ☒ Ms. ☐

Mgr. - Environmental Operations

SIGNATURE



AREA CODE AND PHONE NO.

601/592-1838

DATE SIGNED

11/24/08

OUTFALL NO: 001

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units) *		Average Values (include units)		Number of Storm-Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	25.0 mg/L	N/A			5	Railroad Co. maint.
Biological Oxygen Demand BOD ₅	ND					
Chemical Oxygen Demand (COD)	ND					
Total Suspended Solids (TSS)	14 mg/L				5	"
Total Kjeldahl Nitrogen	ND					
Nitrate plus Nitrite Nitrogen	ND					
Total Phosphorus	ND					
pH	Minimum 6.76	Maximum 7.14	Minimum	Maximum	5	"

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	* Maximum Values (include units)		* Average Values (include units)		* Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Phenol Total	0.018 mg/l				5	Railroad Equipment maintenance
Surfactants	0.064 mg/l				2	"
Benzene	45.0 ug/l				5	"
PNA's (Total)	2.37 ug/l				5	"
* See Attached Narrative						

Section VII. Discharge Information (*)

As a result of recent drought conditions at the facility extending back to the summer of 2008, discharge analysis required in Section VII could not be obtained due to no flow conditions. Discharge from the permitted outfall is almost entirely dependant on stormwater collection and conveyance through the facility's wastewater treatment system (2-cell lagoon). Maintenance activities at the facility have been significant reduced over the course of the past year. Pursuant to a telephone conversation with Ms. Sarah Beard with the Kentucky Department for Environmental Protection-Division of Water Permit Section on November 18, 2008 regarding the unavailability of data, discharge data from the monthly DMRs for the months of January through May 2008 have been included in Section VII in order to meet the 180 day submittal deadline.

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
*					

7. Provide a description of the method of flow measurement or estimate.

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

FORM F -- INSTRUCTIONS

WHO MUST FILE FORM F

Form F must be completed by operators of facilities which discharge storm water associated with industrial activity or by operators of storm water discharges that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard.

Operators of discharges which are composed entirely of storm water must complete Form F (KY Form 7032-F) in conjunction with Form 1 (KY Form 7032-1).

Operators of discharges of storm water which are combined with process wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) must complete and submit Form F, Form 1, and Form C (KY Form 7032-C).

Operators of discharges of storm water which are combined with nonprocess wastewater (nonprocess wastewater includes noncontact cooling water and sanitary wastes which are not regulated by effluent guidelines or a new source performance standard, except discharges by educational, medical, or commercial chemical laboratories) must complete Form 1, Form F, and Form SC (KY Form 7032-SC).

Operators of new sources or new discharges of storm water associated with industrial activity which will be combined with other non-stormwater new sources or new discharges must submit Form 1, Form F, and Form C or Form SC.

WHERE TO FILE APPLICATIONS

The application forms should be sent to the Kentucky Division of Water, KPDES Branch, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. To obtain copies of the appropriate forms you can write the above address or call (502) 564-3410.

COMPLETENESS

Your application will not be considered complete unless you answer every question on this form and on Form 1. If an item does not apply to you, enter "NA" (for not applicable) to show that you considered the question.

PUBLIC AVAILABILITY OF SUBMITTED INFORMATION

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the Clean Water Act requires that all permit applications will be available to the public. This information will be made available to the public upon request.

Any information you submit to EPA which goes beyond that required by this form, Form 1, or Form C you may claim as confidential, but claims for information which are effluent data will be denied.

If you do not assert a claim of confidentiality at the time of submitting the information, the Cabinet may make the information public without further notice to you. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations at 40 CFR Part 2.

DEFINITIONS

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

Item I

You may use the map you provided for item XI of Form 1 to determine the latitude and longitude of each of your outfalls and the name of the receiving water.

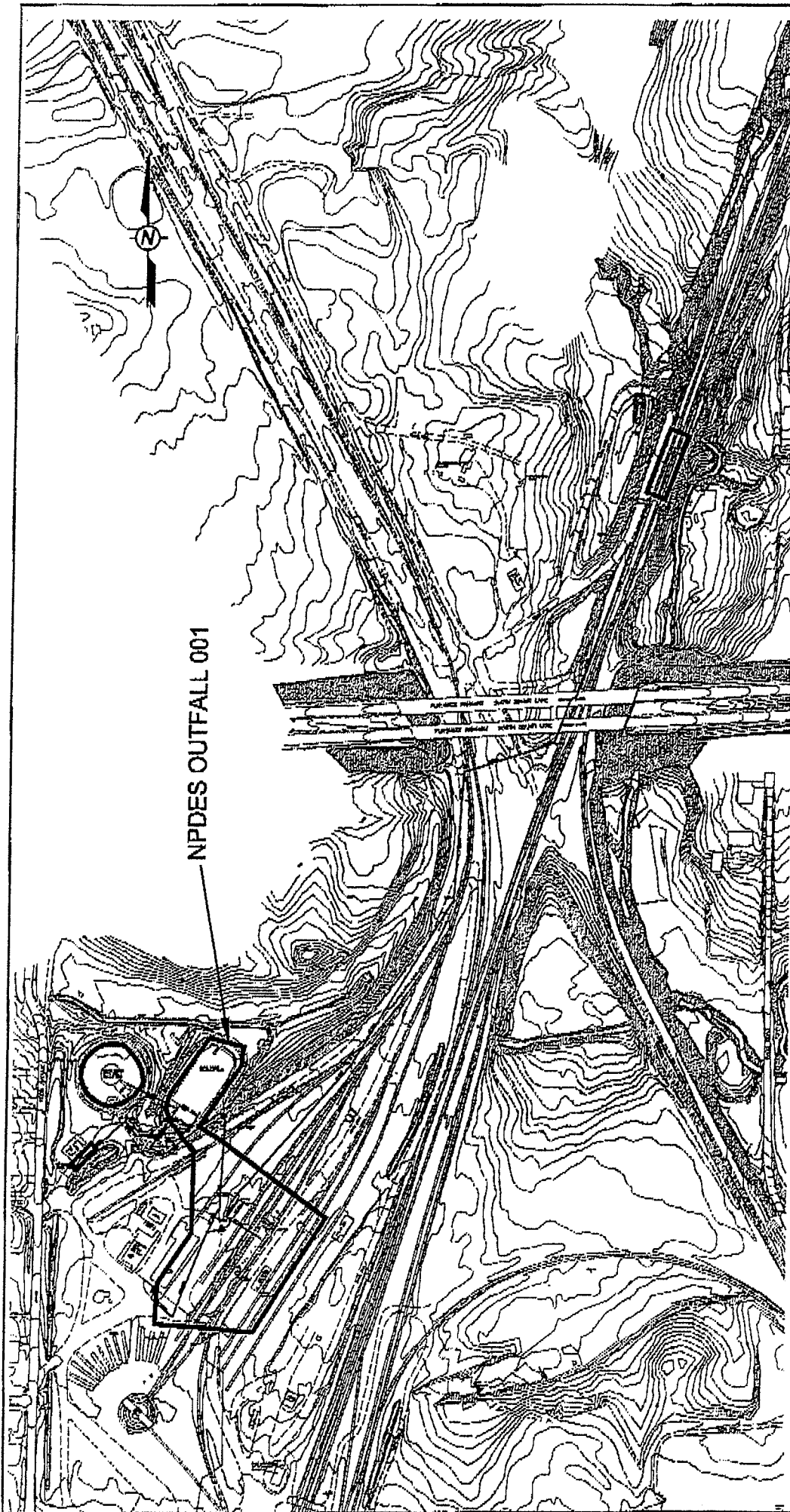
Item II-A

If you check "yes" to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to EPA containing the same information.

Item II-B

You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

Figures



— = INDUSTRIAL WASTEWATER NETWORK

▮ = AREA CONTRIBUTING TO NPDES OUTFALL 001



OUTFALL #	IMPERVIOUS AREA	TOTAL AREA
NPDES 001	~ 92 AC	3.33 AC

FILLION TMD OUTFALLS	
DATE	05/31/2004
PROJECT	FAA 1156210000
CREATED BY	FAA 1156210000
DATE	05/31/2004

Flow Schematic

